#### DEPARTMENT OF JUSTICE PAGE 1 of 5

### **ADOPT**



## CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Firearm Precursor Part Vendor License



## (Non-Firearms Dealer or Ammunition Vendor) Part A - Firearm Precursor Part Vendor or Business Entity Information

| Firearm Precursor Pa                           | art Vendor or l | Business Entity l  | Name                |                |                             |                   |              |                 |
|--|-----------------|--------------------|---------------------|----------------|-----------------------------|-------------------|--------------|-----------------|
| Street Address                                 |                 |                    | City                |                | County                      | <u></u>           | tate         | Zip Code        |
| Mailing Address (if different)                 |                 |                    | City                |                | County                      | <u></u> §         | tate         | Zip Code        |
| Business Email Addr                            | ess             |                    |                     | Telepho        | one Number                  | Fax Numb          | oer          |                 |
|  |                 |                    | Hours               | of Operation   |                             |                   |              |                 |
| Monday   | Tuesday         | Wednesday          | Т                   | hursday        | Friday                      | Saturday          |              | Sunday          |
| to ,   | to              | to                 | -, <u> </u>         | to ,           | to                          | ,to               | <b>-</b> , - | to              |
| Local Firearm Precur                           | sor Part Vend   | or Licensing Au    | thority (i          | ssuer of local | business license            | )                 |              |                 |
| Local Law Enforceme                            | ent Agency (p   | olice or sheriff's | departm             | ent)           |                             |                   |              |                 |
| Please indicate the ty                         | pe of busines   | s ownership:       |                     |                |                             |                   |              |                 |
| ☐ Individual Owner/s                           | Sole Proprieto  | or 🔲 L             | _imited F           | Partnership    | ☐ Corporat                  | e Ownership       |              |                 |
| ☐ Limited Liability C                          | ompany          |                    | General Partnership |                | ☐ Limited Liability Partner |                   | hip          |                 |
| OPTIONAL: Please p<br>process in the State o   |                 | me, title, addres  | s, phone            | e number, and  | l email address o           | f the applicant's | agen         | t for service o |
| Name   |                 |                    |                     | Title          |                             |                   |              |                 |
| Street Address                                 |                 |                    | City                |                | County                      | <u></u>           | tate         | Zip Code        |
| Email Address                                  |                 |                    |                     | Telepho        | one Number                  | Fax Numb          | oer          |                 |
| OPTIONAL: Please μ<br>clarification of informa |                 |                    |                     |                | l email address o           | f the person to c | ontac        | ct for          |
| Name   |                 |                    |                     | Title          |                             |                   |              |                 |
| Street Address                                 |                 |                    | City                |                | County                      | <u>s</u>          | tate         | Zip Code        |
| Email Address                                  |                 |                    |                     | Telepho        | one Number                  | Fax Numb          | per          |                 |

STATE OF CALIFORNIA BOF 1106 (Orig. 04/2022)

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DEPARTMENT OF JUSTICE



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Firearm Precursor Part Vendor License (Non-Firearms Dealer or Ammunition Vendor)



| Part B - Firearm Precursor Part Vendor Licensee Information   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Licensee Name/Responsible Party (as it appears on California  | driver license or identification card) |  |  |  |  |  |
| Certificate of Eligibility (COE) Number   | COE Expiration Date                    |  |  |  |  |  |
| Federal Firearms License (FFL) Number (If applicable)   | FFL Expiration Date                    |  |  |  |  |  |
| Local Business License (LBL) Number   | LBL Expiration Date                    |  |  |  |  |  |
| Other Local License (OLL) Number  | OLL Expiration Date                    |  |  |  |  |  |
| California Department of Tax and Fee Administration Seller's P  | ermit Number                           |  |  |  |  |  |
| Part C - Additional Firearm Precursor Part Vendor Licensee<br>Please complete this section if there is more than one licensee/re<br>Part Vendor listed above. |  |  |  |  |  |  |
| Licensee Name/Responsible Party (as it appears on California  | driver license or identification card) |  |  |  |  |  |
| COE Number  | COE Expiration Date                    |  |  |  |  |  |
| Licensee Name/Responsible Party (as it appears on California  | driver license or identification card) |  |  |  |  |  |
| COE Number  | COE Expiration Date                    |  |  |  |  |  |
| Licensee Name/Responsible Party (as it appears on California  | driver license or identification card) |  |  |  |  |  |
| COE Number  | COE Expiration Date                    |  |  |  |  |  |



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Firearm Precursor Part Vendor License (Non-Firearms Dealer or Ammunition Vendor)



\$ 101

Part D - Employee Certificate of Eligibility Information

Firearm Precursor Part Vendor License Annual Fee:

Please complete this section for every employee with a COE who who will be handling, selling, delivering, or have under his/her custody or control any firearm precursor parts.

| Employee Name (as it appears on California driver license   | e or identification card)                              |      |
|---|--|------|
| COE Number  | COE Expiration Date                                    |      |
| Employee Name (as it appears on California driver license   | e or identification card)                              |      |
| COE Number  | COE Expiration Date                                    |      |
| Employee Name (as it appears on California driver license   | e or identification card)                              |      |
| COE Number  | COE Expiration Date                                    |      |
| Part E - Certification                                      |  |      |
| I declare under penalty of perjury under the laws of the St | ate of California that the foregoing is true and corre | ct.  |
| Printed Name of Licensee/Responsible Party listed in Part B | Signature  | Date |
| Printed Name of Licensee/Responsible Party listed in Part C | Signature  | Date |
| Printed Name of Licensee/Responsible Party listed in Part C | Signature  | Date |
| Printed Name of Licensee/Responsible Party listed in Part C | Signature  | Date |
| Part F - Fees   |  |      |

Please make a check or money order payable to the Department of Justice. Mail check and completed application to the below address:

Department of Justice
Bureau of Firearms - Firearm Precursor Part Vendor Licensing
P.O. Box 160487
Sacramento, CA 95816-0487



## CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Application for Firearm Precursor Part Vendor License

(Non-Firearms Dealer or Ammunition Vendor)



#### **Application Requirements**

Applications for a firearm precursor part vendor license must be typed or printed in ink. Incomplete applications will not be processed and will be returned with all required fees. Applications must be accompanied by copies of the Federal Firearms License (FFL) (if applicable), Local Business License (LBL), the California Department of Tax and Fee Administration Seller's Permit for each individual identified as a licensee in conjunction with the business, and a listing of all employees with a certificate of eligibility (COE). If you have any questions, please contact the Bureau of Firearms at (916) 210-2753.

#### Part A - Firearm Precursor Part Vendor or Business Entity Information

- Provide the firearm precursor part vendor or business entity name, telephone number, fax number, physical location, mailing address, and business email address. The physical location information is frequently different when a post office box or a rural route number is used as the mailing address.
- · Provide type of business ownership.
- Name, title, address, phone number, and email address of the applicant's agent for service of process in the State of California.
   Please reference weblink <a href="http://www.sos.ca.gov/business-programs/business-entities/service-process/">http://www.sos.ca.gov/business-programs/business-entities/service-process/</a> for more information regarding service of process.
- Name, title, address, phone number, and emaill address of the person to contact for clarification of information provided in this application package.
- · Provide the firearm precursor part vendor's hours of operation for each day of the week listed, using hh:mm AM/PM format.
- Provide the local firearm precursor part vendor licensing authority's name, along with the name of the police or sheriff's department that is responsible for law enforcement protection in your community. The local licensing authority is the local department or bureau that issues the local business license in your jurisdiction.

#### Part B - Firearm Precursor Part Vendor Licensee Information

• Provide the licensee name/responsible party as it appears on his/her California driver license or identification card, along with their corresponding (COE), (FFL) (if applicable), and (LBL), numbers and expiration dates. The California Department of Tax and Fee Administration Seller's Permit number must also be provided.

#### Part C - Additional Firearm Precursor Part Vendor Licensees

Each additional licensee/responsible party who is listed on the FFL (if applicable), LBL, and Department of Tax and Fee
Administration Seller's Permit, and who desires to be identified as a responsible party for this business must also provide his/her
name as it appears on their California driver license or identification card along with their corresponding COE number and
expiration date. Part C may be copied to accommodate as many additional licensees as necessary.

#### Part D - Employee Certificate of Eligibility Information

• For each agent or employee who has access to firearm precursor parts for this business, the licensee must provide the agent's or employee's name as it appears on their California driver license or identification card along with their corresponding COE number and expiration date. Part D may be copied to accommodate as many additional employees as necessary.

#### Part E - Signatures

• The licensee(s) must sign and date the certification statement affirming the information provided is true and correct. Part E may be copied to accommodate as many additional signatures as necessary.

#### Part F - Fees

- The firearm precursor part vendor license fee is \$101.
- Make check or money order payable to the Department of Justice for the appropriate remittance. Attach the check or money order to the lower right margin of the form.
- · Mail the completed application, remittance and required documentation to the below address:

Department of Justice
Bureau of Firearms - Firearm Precursor Part Vendor Licensing
P.O. Box 160487
Sacramento, CA 95816-0487

#### **ADOPT**



### **Privacy Notice**

STATE ATTORNEY OF THE ATTORNEY

As Required by Civil Code § 1798.17

Collection and Use of Personal Information: The Division of Law Enforcement in the Department of Justice collects the information requested on this application as authorized by Penal Code section 30485. The Division of Law Enforcement uses this information to establish grounds for the issuance of the license or permit indicated on this application. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <a href="http://oag.ca.gov/privacy-policy">http://oag.ca.gov/privacy-policy</a>.

**Providing Personal Information:** All the personal information requested in the application must be provided. If you fail to provide any of the required personal information, the unprocessed application will be returned to you for completion and resubmission.

**Access to Your Information:** You may review the records maintained by the Division of Law Enforcement in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information:** In order to ensure you are not prohibited and establish grounds for the issuance of the license or permit indicated on this application, we may need to share the information you give us with entities as authorized in Penal Code section 11105. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information:** For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 210-2300, via email at <a href="mailto:firearms.bureau@doj.ca.gov">firearms.bureau@doj.ca.gov</a>, or by mail at P.O. Box 160487, Sacramento, CA 95816-0487.